

Complexes of the Cultural Unconscious: Trance States, Hakomi, and the Re-Creation of the Self

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Abstract

This article is a condensed version of my master's thesis for counseling psychology from Pacifica Graduate Institute. The original can be found on ProQuest. It combines two areas of interest: somatic psychology and cultural psychology. It looks at clinical research and theoretical developments related to the cultural layer of the unconscious as it manifests somatically. It draws from both Jungian and Hakomi theoretical orientations, and offers an analysis of core theoretical parallels. In this essay I hope to convince the reader of the importance of recognizing and working with cultural complexes, as the theory has been defined by Singer & Kimbles (2004). As the world becomes increasingly culturally mixed, clinicians need to increase fluency in recognizing cultural influences and helping clients work through them. Cultural complexes function as powerful trance states, taking hold over the body-mind continuum and creating parataxic distortions. Somatically oriented methods such as Hakomi and R-CS offer experiential techniques that can assist clinicians to access the cultural layer of the unconscious, observe these distortions by their somatic signatures, and work directly with parts of the psyche that are both collective and personal.

Introduction

Before pursuing licensure as a clinician, I studied cultural psychology and interfaith dialogue. I came to see that cultural complexes influence most aspects of human life and create unconscious conflicts in tragic and debilitating ways both locally and globally. Clinically, I see these same issues limiting my clients' lives. Conflicts related to race, sexual orientation, ancestral heritage, and gender are but a few of the problems that can be worked with somatically, enhancing awareness of the personal-cultural interface and increasing self-efficacy. Although therapists are trained to see these issues as personal or familial, naming them as culturally originated is a more realistic and expedited path to individuation, the process of psychological growth described by Jung (Jung, 1921/1971, pp. 448–449).

While psychology recognizes humans to be cultural beings who are influenced by the experiences of our predecessors, it has failed to do much with it. Some exceptions include feminist therapies and the DSM IV "Outline for Cultural Formulation" (1994). In the space between the personal subconscious and the deepest, collective layer of the psyche (Jung, 1931/2014, pp. 139–158), Jungian theorists Thomas Singer and Samuel Kimbles (2004) have suggested the presence of a complex-laden cultural unconscious. They argue that to sit with a whole person means seeing an individual as a cultural being who carries not only personal associations, traumas, and

desires, but also a layer of collective experiences that are more specific to a time and place than the amorphous archetypal energy of Jung's collective unconscious.

The theory of cultural complexes proposed by Singer and Kimbles (2004) combines the theory of the cultural unconscious, proposed by Jungian analyst Joseph Henderson (1990), with the theory of complexes introduced by Jung (1948/2014, pp. 92–106). It was his discovery of complexes using the word association test that led Jung (1961/1963) to eventually develop his own theory on the structure of the psyche (p. 116).

The Collective Unconscious: Jung's Contribution to Psychology

In 1916, Jung delivered a lecture proposing his idea of a collective unconscious as a reservoir of psychic material that exists below the personal unconscious and holds archetypal energies or patterns (Shamdasani, 2003, p. 232). It diverged from Sigmund Freud's emphasis on the personal unconscious, in which he referred to anything that was not obviously sexual as "psychosexuality" (as cited in Jung, 1961/1963, p. 150). Jung's theory expanded the idea of the unconscious to include not only personal, repressed memories but also a tribal, national, and familial heritage, as well as an archetypal core that was shared by all of humanity.

Similar to the layers of earth, he proposed, the psyche is layered from the ego, the center of consciousness, all the way down to an archetypal molten core (Singer & Kimbles, 2004, p. 3). The collective unconscious contains archetypal energies, innate potential ideas, and activities that structure and give meaning to experience (Jung, 1931/2014, pp. 152–155), and that are a "phylogenetically inherited layer of the unconscious" (Shamdasani, 2003, p. 232). This perspective was expanded upon by Jung to be a "memory of mankind" (Shamdasani, 2003, p. 233). Ira Progoff (1981), psychotherapist and reconstructionist of depth psychological theory, wrote of his understanding of the collective unconscious:

The fundamental hypothesis on which Jung works is the idea that the potentialities within the individual personality are not left unaffected by the developments of history, and that what happens in time leaves its mark not only on the psyche of the individual, but also on the continuity of the human race (pp. 67–68).

By 1935, Jung was also including a "somatic unconscious" in his structure of the psyche (Jung, 1988, p. 441). As he saw it,

"somewhere our unconscious becomes material . . . and that is the place where one cannot say whether it is matter, or what one calls 'psyche'" (p. 144). Jung described the subtle body as the integration within the somatic unconscious of psyche and body, and the intangible realm from which they both arise as different, synchronistic expressions of a single energy (p. 432).

Complexes: The Heart of Analytical Psychology

So central are complexes in analytical, or Jungian, psychology that Jung almost named his work complex psychology. A complex consists of emotion-laden memories and ideas that have formed an "*image* of a certain psychic situation . . . incompatible with the habitual attitude of consciousness" (Jung, 1948/2014, p. 96). The complex coalesces around a structuring and meaning-giving archetypal image or motif. Complexes are a theoretical function of the psyche that are "repetitive, autonomous, resist consciousness, and collect experience that confirms their historical point of view" (Singer & Kimbles, 2004, p. 6). The complex with its archetypal core is a dynamism in the psyche that cannot be seen, but that can be known through its disruption of ego functioning (Jung, 1937/2014, p. 121). The theory of complexes was Jung's original idea developed from his word association experiments performed at Burgholzli from 1900–1909, which were designed as a diagnostic test for psychopathology (Shamdasani, 2003, p. 46).

As the association experiments prove, complexes interfere with the intentions of the will and disturb the conscious performance; they produce disturbances of memory and blockages in the flow of associations; they appear and disappear according to their own laws; they can temporarily obsess consciousness, or influence speech and action in an unconscious way. (Jung, 1937/2014, p. 121)

Due to minute time lapses in attention, Jung postulated that certain words provoked associations that led to personal historical moments that took psychic energy to maintain in the unconscious due to the defensive purpose of containing psychic material that is unbearable to the conscious ego (Shalit, 2002, pp. 10–12). In the relationship of the complexes to the somatic unconscious, it is important to note that in conducting the word association tests, a psycho-galvanometer was used to measure physiological responses. This means that complexes were first recognized and measured by their *physiological* results (Stein, 1998).

As Jung (1948/2014) commented, the term *complex* was in the common lexicon when he was still living and remains so today, but the nature of complexes is less understood (p. 96). And their function, effectively putting one into a

trance state, makes observing them and thus disidentifying from them, nearly impossible because self-observation becomes tinted by the complex. As Jung wrote, “everyone knows nowadays that people ‘have complexes.’ What is not so well known, though far more important theoretically, is that complexes can *have us*” (p. 96). In compensating for and opposing the conscious attitude, complexes come into conflict with the ego. Clinically, it is the ego’s ability to hold in awareness the tension between the energy of the complex and the conscious attitude, so as to slowly integrate the complex material into consciousness that constitutes psychological growth toward wholeness, the work Jung (1921/1971) defined as the process of *individuation* (pp. 448–449).

The Cultural Layer of the Unconscious

Although Jung’s focus was on the relations between the conscious, personal unconscious, and collective unconscious, in several documents including his autobiography, Jung (1961/1963) made references to a cultural layer in the unconscious. In his famous house dream, he noted images that were impersonal, signifying “passed stages of consciousness” from “the foundations of cultural history” within his psyche (p. 161). In the same book he stated, “A collective problem, if not recognized as such, always appears as a personal problem” (p. 233). Jung continued, “Psychotherapy has hitherto taken this matter far too little into account” (p. 234). Jung however did not elaborate on the cultural aspect of the unconscious, seeing it as a derivative of the collective unconscious, upon which he focused as the activating clinical influence.

The cultural unconscious was finally elaborated on and clearly defined by Henderson (1990) in 1962, the year after Jung’s death. A previous student of Jung’s, Henderson (1990) proposed a cultural layer of the unconscious in a paper presented to the Second Congress of Analytical Psychology in Zurich. He expanded the theories on the collective unconscious, defining the cultural unconscious as

an area of historical memory that lies between the collective unconscious and the manifest pattern of culture [and] has some kind of identity arising from the archetypes of the collective unconscious, which assists in the formation of myth and ritual and also promotes the process of development in individuals. (p. 103)

The cultural unconscious is distinct from the collective unconscious because it is specific to a certain time and/or

place, whereas the collective unconscious is more deeply psychologically and biologically (or phylogenetically) rooted.

Cultural Complexes: Applying Complex Psychology to the Collective Unconscious

Henderson’s (1990) ideas on the cultural layer of the unconscious sat mostly dormant until they were further developed by Jungian analysts Thomas Singer and Samuel Kimbles, published in an editorial work *The Cultural Complex: Contemporary Jungian Perspectives* (2004). With this perspective, analytical psychology had a clearer understanding of not just the structure of the unconscious but also its functions. The essays chosen for the book laid a case for a cultural layer of the unconscious through which cultural identities are channeled as psychological complexes. This collection of essays helped identify the importance cultural conditioning has on the development of complexes and supported the theory that complexes can operate not only in individuals but also in the collective, cultural body of groups.

What is also relevant to the topic of somatic work is the perspective that cultural complexes are recognized by their somatic signatures. Editors Singer and Kimbles (2004) write, “Individuals and groups in the grips of a particular cultural complex automatically take on a shared body language and postures, or express their distress in similar somatic complaints” (p. 6). This points to a *felt* common or collective shared body. These essays outline the ways cultural complexes show up in the analytical process and the importance of the analyst’s vigilance to their influence (Beebe, 2004; Kimbles, 2004; Morgan, 2004).

Speaking to the relationship between the social and psychological, psychotherapist and group analyst Farhad Dalal (1998) wrote of a social unconscious that “is a representation of the institutionalization of social power relations in the structure of the psyche itself” (p. 209). Haim Weinberg (2007), an expert on group psychotherapy, added that the social unconscious is co-constructed by group members, and “includes shared anxieties, fantasies, defenses, myths, and memories. Its building bricks are made of chosen traumas and chosen glories” (p. 312). Beliefs are carried by the collective and demonstrated in body posturing and relational styles. While in Hakomi we may look to character strategies to explain these somatic signatures, I argue the need to also take into account the cultural body that lives within our clients.

According to Singer and Kaplinsky (2010), the addition of cultural complexes to depth psychological theory serves two functions. First, it assists in individual analysis by giving theoretical orientation to working through conflicts around group identity. Secondly, it can assist social theorists and analysts working in the social spheres to hypothesize the functions of a group psyche and its complexes, especially in either intragroup or intergroup conflicts. In short, Singer and Kaplinsky noted that the analysis and working through of both the cultural layer of the unconscious and the function of complexes within this layer can provide analysts a fresh look at group dynamics as they exist in the international sociopolitical theater all the way down to an individual in the consulting room.

Somatic Psychotherapy

Complexes: trances that take over the body.

Freud (1923/1960) recognized, “The ego is first and foremost a body ego” (p. 20), which simply means that sensory experiences are the material from which the ego is developed. Contemporaries of Freud and Jung, psychoanalysts Wilhelm Reich and Sandor Ferenczi were exploring the impact of psychological states, or complexes, on the body-mind and techniques for using the body to treat them (Ben-Shahar, 2014). Their theories were highly influential, if controversial, and have continued to be influential in the development of modern techniques.

Psychiatrist Fritz Perls, whose psychotherapeutic methods brought attention to sensations, perceptions, and nonverbal expressions, was highly influenced by Reich and Ferenczi (van Vreeswijk, Broersen, & Nador, 2012, p. 12). The experiential techniques of this group of psychotherapists focused on accessing and working through unconscious material via the imaginal-sensory body. Their endeavors arguably share a common root in the work of psychiatrist Pierre Janet (1859-1947) on the dissociative nature of traumatic memory (van Vreeswijk et al., 2012). They also bore similarities to the Jungian concept of active imagination in which unconscious contents, including complexes, are assimilated into consciousness “through some form of self-expression” that gives “voice to the sides of the personality . . . that are normally not heard, thereby establishing a line of communication between consciousness and the unconscious” (Sharp, 1991, p. 12). This should all be familiar to the Hakomi informed therapist.

According to Jungian analyst Joan Chodorow (1997), in his work on active imagination, Jung wrote that the ways to the imagination are sensory, through dance, song, and

painting (for example). This would suggest that psychic life is intimately connected with the body (Chodorow, 1997, p. 8). This also would suggest that change is not complete, not anchored or integrated, until it is realized in the body as a phenomenological reality. In what would later be published as his *Visions Seminars*, Jung (1934/1976) said,

When the great swing has taken an individual into the world of symbolic mysteries, . . . nothing can come of it, unless it has been associated with the earth, unless it has happened when that individual was in the body. . . . [otherwise] you are simply hypnotized into a sort of somnambulistic state or trance. . . . And so individuation can only take place if you first return to the body, to your earth, only then does it become true . . . individuation can only take place when it is realized when somebody is there that notices it.
(p. 473)

Hence, individuation occurs only when unconscious material is filtered through the senses, experienced in the body, and witnessed by self or another. This set of techniques is consonant with what today is known as mindfulness-based interpersonal neurobiology (Siegel, 1999) and is certainly foundational to Hakomi methods.

Hakomi and R-CS: Mindfulness as the Antidote to Trance
Jon Kabat-Zinn (1990) defined mindfulness as “paying attention in a particular way, in the present moment, on purpose, non-judgmentally” (p. 4). Complexes, whether personal or cultural, take over the psyche producing distressing states of consciousness that distort one’s senses, leaving one lost in time and dissociated from the body (Wolinsky, 1991). With mindfulness-based experiential psychotherapies and developments in neuroscience, promising advancements in the treatment of psychological disorders have been made.

Kurtz’s (1990) description of Hakomi starts with, not the method, but with a phenomenological view of personhood to which the system is adapted, making it a modality that puts a person’s holism before technique. The techniques are to study expression, a gesture or thought for example, that stems from experience, and when these are followed “you eventually come to memories, images, and beliefs about who we are, what’s possible for us, what type of world it is, what it wants from us, and what it will give and take” (p. 14). In Hakomi, one studies the expression with the assumption that it will lead to the core content. In Jungian analysis, one studies the symbolic nature of dreams, fanta-

sies, and symptoms (Jung, 1921/1971, pp. 427–433, 475). Both desire to get to core beliefs, or archetypal patterns, so that one feels as though they live in relationship with their Self.

In Hakomi the goal is to process deeply unconscious material and change core beliefs through employing the mindful and compassionate qualities of the Self, specific techniques such as probes (Kurtz, 1990, ch. 7) and taking-over (Kurtz, 1990, ch. 8) that lead to providing a missing experience that will begin to create a reorganization of experience that is deeper, wiser, and more free.

In the Re-Creation of the Self Model of Human Systems (R-CS) the assumption is that the *Organic Self* is present, available, and knowing (Eisman, 2006, p. 65). Similar to the Jungian perception of the Self as the transcendent whole out of which the components of the psyche are formed (Sharp, 1991), Eisman (2006) contended that people are born with a sense of wholeness that becomes lost through painful or paradoxical experience. Eisman (2015c, lecture) gave the example of a little girl who knows inherently, as a part of her Organic Self, that she is lovable but cannot make that consistent with a mother who ignores her. As a result, she fragments, creating a self, or what Eisman referred to as a *little i*, who is unlovable. This formation of a little *i* is a way of protecting the Organic Self. Although R-CS certainly sees the value of psychological maturation and the cultivation of wisdom, the technique holds the Organic Self as omnipresent and so needing no further development. The techniques are to help one recognize a *preference* for the Self who is already there (Eisman, 2006, p. 65).

Re-Creation of the Self and Falling Awake

In R-CS the clinician is trained to recognize trance states that are full physiological experiences created from different selves referred to as *little i's*, which, often in childhood, were fragmented to deal with overwhelming experiences (Eisman, 2006, p. 63), states that Schwartz (1995) refers to as “parts.” These selves activate “specific experiential components—the specific postures, thoughts, attitudes, etc.—around which those patterns were formed” (p. 64). An individual has many different selves experienced as states, which Eisman categorized as *the hurt self*, *the strategic self*, *the survivor*, and *the spirit in exile* (p. 64). Schwartz (1995) highlights categories of exiles, managers, and firefighters. From a Jungian perspective, these could be seen as representing archetypal motifs that structure and give meaning to a set of personal and unique experiences (Jung, 1954/2014a, p. 205). In doing so, they are also filtered

through unconscious cultural associations and contribute to maintaining collective narratives (Dalal, 1998; Singer & Kimbles, 2004; Weinberg, 2007).

The archetypal states described by Eisman (2006) are detectable across client-specific material. Each has a distinct flavor that clinically one can recognize by interviewing them: “Who is speaking now?” is a common question in the R-CS method (Eisman, 2015c, lecture). Eisman came to recognize there are times this question can also elicit the answer: “Me. This is me.” A clear selfhood is identified, and often, Eisman (2006) observed, in this work it is the desire to experience the self that is the pathway to doing so. He taught that an “orientation towards preference is essential to this process” (p. 65). As the clinician and client sink into mindfulness together to become curious about the states that appear, the client can feel for herself what she actually prefers. “The Self’s main mission is to prefer and pursue, at any moment, the next self-relevant experience that gives it pleasure of some sort” (p. 65). This is what is known as the *Organic Wish*, and it can be as simple as a drink of water, or as complex as choosing a mate to partner with. And yet these desires are certainly complicated by cultural narratives.

In summary, R-CS assumes that individuals are spiritual beings who are born whole and remain whole (p. 64), that this wholeness knows exactly what it prefers (p. 65), and that a therapeutic alliance (p. 62) coupled with active therapeutic experimentation (p. 69) can help to shift consciousness away from fragmentation and towards the Organic Self (p. 65).

It is interesting to note that Jung (1948/2014) claimed, “There is no difference in principle between a fragmentary personality and a complex” (p. 97). The trance states that experiential modalities such as Hakomi and R-CS aim to change are very similar to Jung’s description of complexes as “psychic fragments, which have split off owing to traumatic influences or certain incompatible tendencies” (1937/2014, p. 121). Jungian complex theory and R-CS (Eisman & Roy, 2014) both agree that one does not get rid of these fragmented states of consciousness. Rather, one becomes aware of them *as states* rather than as self by experiencing the affect that the mechanisms of the complex kept one numb or oblivious to (Jung, 1954/2014a, p. 98).

Clinical Findings: Falling Awake

In somatic therapies, as in all rigorous explorations, the results are limited and honed by the instrumentation. The body is an intricate sensory system that is still vastly more

mysterious than it is understood. The literature reviewed in the previous section revealed the importance of the body as foundational in the beginnings of psychoanalysis (Freud, 1923/1960; Jung, 1934/1976) and, despite the decades of focus on the cognitive self, as beginning to take precedence in therapeutic modalities once again. Indeed a brief review of Taoist and Buddhist philosophies shows the millennia-rich traditions of self-understanding through mindful and somatic self-awareness (Kurtz, 1990). What somatic and mindfulness-based therapies share is the assumption that mindfulness, as gentle self-awareness, is the antidote to trance.

The power of trance is in its unconsciousness. Complexes create physiological responses in the body that often go undetected because of their unconscious familiarity. The classic example of someone angrily yelling, “I’m not mad!” demonstrates this, but there are many pervasive and obscure ways this shows up. In this simple example, the denial of anger does not prevent physiological alterations that trigger psychological states of mind; the contradiction between the denial of anger and the nonverbal meta-communication of the affective state just goes undetected by ego consciousness. What mindfulness practices can teach is that one is not the cluster of behavioral defenses that rally around one’s complexes. The self is the one who watches the theater and observes the drama. The individual embodies a larger consciousness capable of living from the Organic Self.

Cultural Complexes

Personal therapy is not a time to solve larger cultural issues. The side effects of personal work, however, extend beyond individual lives, contributing to social change. As one begins to shift habituated responses to family, work, and community engagements, cultural shifts are inevitable. It is worth noting that this is not the goal of meeting cultural complexes in therapy. The goal is always improving the quality of life for our clients. And, as therapists, we need to be aware of the force of cultural complexes and their presence within us so that inadvertently we do not perpetuate and collude with those that constellate in our clients, which may be inhibiting psychological growth. This is more of a risk when working with people who share our cultural background, but not exclusively. It is also a risk when working with those we differ from because we may fail to see how their affect and behavior is rooted in a cultural complex or in a reaction to the presence of the therapist’s cultural complex.

The question then becomes: To what extent does a thera-

pist or client want unconscious, culturally inculcated assumptions about the world to skew not only one’s perceptions of self and world, but also the therapeutic process itself? Jung argued consistently that,

when an inner situation is not made conscious, it happens outside, as fate. That is to say, when the individual remains divided and does not become conscious of his inner opposite, the world must perforce act out the conflict and be torn into opposing halves. (Jung, 1951/2014a, p. 71)

In therapeutic transference–countertransference process, the client’s inner conflict is projected onto the therapist, drawing the therapist into the client’s psychic battle (Jung, 1946/2014, p. 170). When this happens, the therapist who is not aware of the transference is at risk of reenacting the original psychic wounding. In this case the therapist may derail the therapy by becoming for the client “just like all men,” or the mother who taught her the importance of being “nice,” or the father who encouraged her to strive but never provided love.

This relational model of therapy “conceives of the therapist and patient as a unit reenacting the patient’s past relationships” but with the therapist modifying the dynamic in a way that is reparative to the original wounding (Sullivan, 1989, p. 44). When the therapist is able to do this, and reflects on the transference providing a “correct’ interpretation [it] is helpful because it expresses a deep conscious and unconscious resonance between therapist and patient” (p. 43). Though Hakomi generally affects transference through altering the organization of experience (Stolorow, Brandchaft, & Atwood, 1987) through a “corrective experience” more so than an interpretation, it remains that unprocessed *cultural* assumptions can impact the work our clients can do in the consultation.

In therapy, this cultural shadow can show up insidiously as the undertones of the way one approaches the work. The pattern I often see are women who have internalized patriarchal methods of accomplishment, and thus are driven by an unconscious masculine, and want to jump in and tackle their psyches as if they were confronting the Minotaur at their center, or Orthrus guarding the psychic cattle. The implicit assumption that hard work and a sharp analytical mind can “fix” them is in fact the very attitude that is pathogenic, preventing reparative attachment from forming.

The feminine principles of receptivity, gestation, and relationality (Sullivan, 1989) are foreign to these women, often due to early relational trauma, and thus defended against.

But they can be learned from new experiences. Therapy does this mostly through the therapeutic relationship as a secure base with which to experiment, while always working with and allowing the defenses. Through this gentle approach I see women and men come to detect a preference for being soft, vulnerable, tender, and letting the love in that is freely offered. With this self-awareness they can take this relational/organizational template into their relationships and begin to craft a life that is more balanced and whole.

The Numinous in Somatic Work

Working experientially with clients has the potential to side step the cognitive, rational brain, entering more deeply into holistic experience than ego-based or other more cognitively focused modalities might. For example, a cognitive behavioral therapist may encourage a client to reality test or replace self-talk cognitively, until she has talked herself out of old beliefs and into new ones (Boyes, 2012).

Clinical work takes on a different flavor when the unconscious patterns are worked through directly, somatically and through mindfulness, to bring them to consciousness and experiment with various ways of holding this material. When a person's internal witness is constellated, creating mindful self-observation, entrenched relational patterns can be altered through direct somatic experience with a new relational dynamic. Within this self-witnessing process there is a numinous experience that is not the exception but the norm.

From a Jungian perspective numinous experience relates to contact with the Self, in that the ego becomes aware of being acted upon by a power that is autonomous from and transcendent to it (Jung, 1961/1963, p. 336). This experience is healing because it effects a change in the ego's attitude to one that Jung described as religious in that it leads to "careful observation of, and respect for, invisible forces and personal experience" (Sharp, 1991, p. 117). This change in attitude can perfuse the therapy, deepening the client's engagement with the somatic unconscious and Organic Self.

Conclusion: Somatic and Mindfulness Work With Cultural Complexes

Cultural complexes are based on repetitive, historical group experiences which have taken root in the cultural unconscious of the group. (Singer & Kimbles, 2004, p. 7)

In my work with clients I see trance states every day, in

every client and every session. These states can be rooted in personal or cultural identities and my hope is to help the client integrate her various identities into a whole person. When clients feel that these identities or states of belonging are in conflict it essentially puts their inner state of being at war with itself. It is an autoimmunity of the psyche that creates troubling symptomatology.

With my clients I first work to assist them to recognize the conflicting parts of their organization and the strategies each employs. I use mindfulness and the therapeutic relationship while also paying attention to the transference dynamics each of these little i(s) elicits. The treatment is complete when my clients feel their life is moving forward with purpose. Resourcing that is used when the conflict feels unmanageable allows the psychic energy to move away from managing inner conflict that created a lived stalemate and into the organic wishes of the Self. The parts that belong to the various identities still stand. They are not washed away. But instead of whipping around from one little i to another, the client comes to experience, recognize, and rely upon the Organic Self that exists without conflict.

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